



Division of Developmental Disabilities

Strategic Plan 2004-2009 (2003-2005 Budget)



Department of Social and Health Services
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This document can be viewed on the DDD website (<http://www1.dshs.wa.gov/ddd>).
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Nondiscrimination. It is the policy of the Department of Social and Health Services that no person shall be subjected to discrimination in this agency or its contractors because of race, color, national origin, gender, age, religion, creed, marital status, disable or Vietnam Era Veteran status, or the presence of any physical, mental, or sensory handicap.




Vision Statement




- People with developmental disabilities and their families are valued citizens of the state of Washington. Washington State public policies will promote individual worth, respect and dignity such that each individual is valued as a contributing member of their community.
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Mission Statement



The mission of the division is to endeavor to make a positive difference in the lives of the people eligible for services through offering quality supports and services that are individual and family driven; stable and flexible; satisfying to the person and their family; and able to meet individual needs. Supports and services shall be offered in ways that ensure people have the necessary information to make decisions about their options and provide optimum opportunities for success.





We Value

INDIVIDUAL WORTH AND DEVELOPMENT

- People are served with dignity and respect for individual differences and have the benefits of relationships with friends and families; personal power and choice; personal value and positive recognition by self and others; integration; competence to manage daily activities and pursue personal goals; and health and safety.



CONTINUITY AND COORDINATION OF SERVICES

- Emphasis is on a flexible system, which enables people to remain in their own homes and communities whenever possible.

COMMUNITY PARTICIPATION AND PARTNERSHIP

- Promotes the involvement of consumers, parents, service providers, advocates, local governments, citizens and businesses.

RESPECT FOR EMPLOYEES

- Employees are treated as the division's most valuable resource.
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SERVICES QUALITY AND PERFORMANCE ACCOUNTABILITY



- The division is accountable to the public for effective and prudent use of resources. Regular review, evaluation, and modifications of programs and services are conducted.

NON-DISCRIMINATION

- The division's policy is to not discriminate on the basis of sex, race, color, religion, national origin, age or disability in admission and access to services, treatment or employment in its program or activities.



Authority Statement

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- Washington State Constitution- Article XIII, Section 1 - Requires the state to foster and support “educational, reformatory, and penal institutions” that are for the benefit of youth who are blind and deaf or otherwise disabled; for persons who are mentally ill or developmentally disabled; and other institutions as the public good may require...”
 - **Title 71A RCW-** Passed by the 1998 Legislature, this chapter reorganized and clarified laws regarding the provision of service to persons with developmental disabilities.
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Program Description

Case and Resource Management

A case manager is assigned to assess the needs of clients and their families and link and connect them to available supports and services. Case managers coordinate planning and development of resources, authorize payment, monitor and review service delivery, provide information about available services, refer persons to other sources of support, and do crisis intervention.

Long-Term Care Services

Long-term care services may be provided either in a residential facility or in a person's own/family home. These individuals may receive other supports from a variety of sources to enhance their functional and adaptive skills, including medical, dental, professional therapies, transportation, and medically intensive services.

Residential Services

Facility Based - Licensed Programs - In the community-based residential programs, such as group homes, IMRs, adult family homes and foster care, the provider owns or leases the facility. Room and board expenses are included in the rate paid by the division and the residents participate towards the cost of care. State employees provide services in five state operated Residential Habilitation Centers (RHCs). To provide services in a variety of smaller facilities located in community settings, the division contracts with providers, or coordinates with other DSHS divisions. All facility based programs offer 24-hour supervision.

Non-Facility Based Programs - These programs are provided to persons who live in their own homes in the community and are not required to be licensed because the client owns or rents their home and the state provides the support staff. Except for the State Operated Living Alternative (SOLA) program, the division contracts for these services with organizations or individuals that are certified. These certified organizations or individuals provide services for a few hours per month, up to 24 hours per day. Clients pay for their own rent, food, and other personal expenses. The division pays for staff to provide support and training in the client's home. State employees operate the SOLA residential services.

In-Home Services

Medicaid Personal Care - This federally matched Medicaid state-plan service, provides personal care assistance for Medicaid eligible persons assessed as needing assistance with at least one direct personal care task as a result of the person's disability. This service is provided in the person's own home, adult family home, or adult residential center as a Medicaid "entitlement".

Family Support - This program provides funding directly to families as State Supplemental Payments (SSP) or reimbursement through parent contract. This program provides funding for respite care, attendant care, equipment, specialized aides and therapies, which supports families and assists them in keeping individuals at home with parents or relative.

Program Description

Employment and Day Programs

Approximately 40 percent of the adults enrolled by the division are involved in an employment or day program. Approximately 80 percent of children, birth to three, served by the Washington State Infant Early Intervention Program are determined DDD eligible to receive DDD Case Management and funding for some of their therapy services through County DD Human Service Agencies.

The division supports employment and day services including child development services through contracts and partnerships with county government. The counties select and contract with service providers, and directly provide many of the support services that strengthen the community infrastructure.

Employment Services - These services provide ongoing support services and training for eligible persons with paid jobs in a variety of settings and worksites, including individual or group options in the community and specialized industry settings.

Community Access - These programs emphasize the development of social, communication, and leisure skills for individuals whose age or disability currently limits their participation in employment. Persons gain access to community activities through special assistance, advocacy, and education.

Child Development Services - These services are enhanced and monitored through the Infant Toddler Early Intervention Program (ITEIP). They include therapy, education, family counseling, and training, and are provided to children until age three, when they become eligible for services through public schools or other community programs.

Person-to-Person - As an extension of Community Access, services and supports are offered to assist people with disabilities, their families, friends and allies to: (1) articulate a personal vision for a desired life in the community, including employment; and (2) locate and connect people to sources of personal support in the community that enhance the vision for a desired life. Services and supports may include, but are not limited to: Person centered planning, skill instruction, information, referral, physical support and one to one relationship building.

Individual and Family Assistance - This is available to individuals and families as time limited projects to meet one or more of the following desired outcomes: (1) supports are provided to additional families and persons with developmental disabilities in need of services and supports within existing resources; (2) individuals and families receiving services have more control and flexibility with the use of the resources; and (3) the individual and family is assisted in connecting to and using natural and informal community supports.

Program Description

Employment and Day Programs (Continued)

Information/Education - A variety of activities and strategies are developed to assure that individuals with developmental disabilities and families have full access to current information about services and supports that will assist them in becoming full participants in their communities.

Special Programs

Infant Toddler Early Intervention Program (ITEIP)

The ITEIP enhances and coordinates existing early intervention services and assures federal service standards are followed. These services include family resources coordination, therapies, and family training and counseling for infant and toddlers, birth to three, with developmental delays or disabilities, and their families.

This program allows families to access early intervention services, statewide, in their local communities and own homes. To ensure the statewide service delivery, a multi-agency system and data collection mechanism, ITEIP contracts with local lead agencies that are locally designated to be the contact point for each geographic area of Washington.

Voluntary Placement Program

Children with developmental disabilities who are under 18 years of age may, in certain circumstances, be eligible for out-of-home placement in licensed foster care settings and other support services. The birth/adoptive parents retain custody of the child and participate in shared parenting with foster care providers.

Community Protection Program

This program provides intensive 24-hour supervision for individuals who have been identified as being a danger to their community due to the crimes they have committed. The program is an opportunity for participants to live successfully in the community and continue to remain out of prison or other justice system settings.

Developmental Disabilities/Mental Health Collaborative Plan

This plan includes a variety of strategies and partnerships with Mental Health Division staff and community-based organizations to divert individuals with developmental disabilities from psychiatric hospitalization through crisis intervention, prevention, behavioral support and technical assistance, residential outplacement capacity and medication evaluation and monitoring.

Appraisal of External Environment

The Health Care Task Force

DDD has long been concerned about the inadequate individual health monitoring via the exchange of an individual's health records. The division recognized that health care information to health care providers about health conditions (medications, syndromes, etc.) that affect individuals with developmental disabilities is not always readily or easily accessible.

In February of 2001, Linda Rolfe, Director of the Division of Developmental Disabilities, convened a workgroup to develop recommendations on how to improve access to health care records for persons with developmental disabilities by health care providers. The workgroup was also asked to identify ways to share the expertise and resources the division currently possesses with community health care professionals.

The Health Care Task Force made recommendations on system changes and knowledge and expertise sharing.

The Task Force also became aware of related issues having an impact on health care outcomes. The main issues are adequate reimbursement to health care providers, training on health care issues to individuals, families and caregivers, and health education and prevention.

Partners needed to successfully implement the Task Forces' recommendations are the individuals and their families, health care professionals and organizations, caregivers, federal and state agencies, and insurers that pay for medical care. Ethnic and racial disparities exist in health care for individuals with developmental disabilities therefore culturally competent health services are needed and necessary. The Task Force strongly believes that emphasis needs to be on prevention and wellness.

The Health Care Task Force Report has been presented to the DDD director and once it is approved will be available on the website (<http://www1.dshs.wa.gov/ddd/index.shtml>)

Appraisal of External Environment

The Economy

Washington Economy

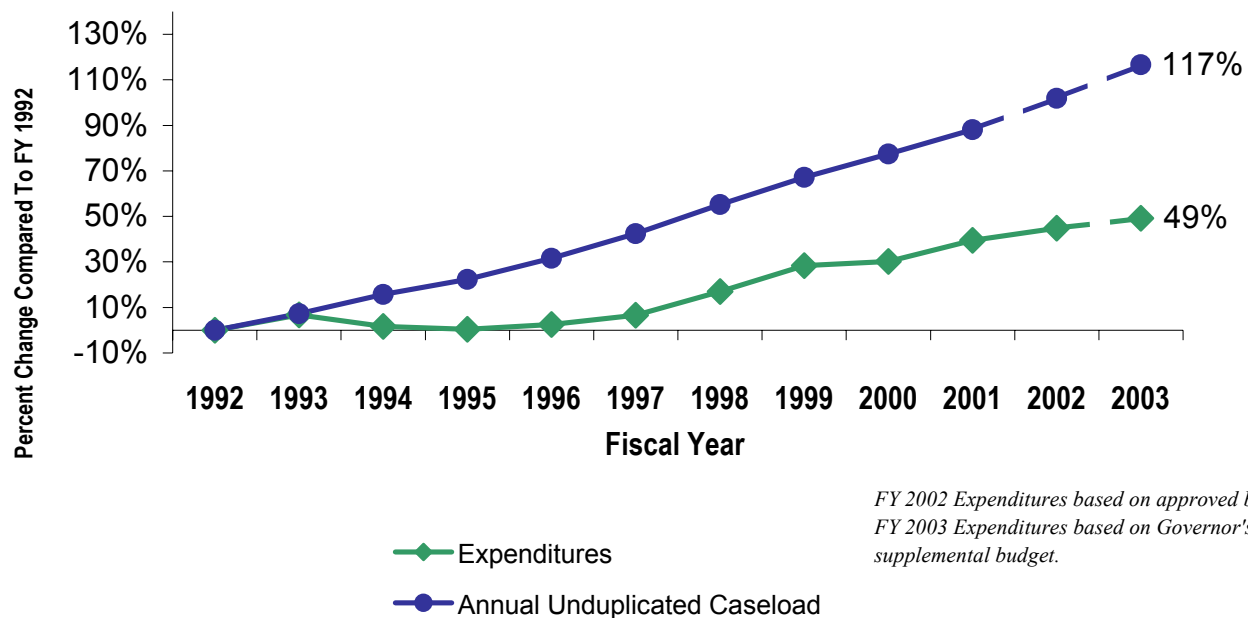
As the national economy struggles through the current recession, Washington State faces a \$1.2 billion deficit during the upcoming fiscal year. The Governor's revision of the state budget leverages federal funds, raises \$573 million in new revenue, and uses \$150 million of the state's reserves. It calls for further efficiencies in state government and avoids a general tax increase. Balancing the budget, as required by law, means the necessity of also including spending cuts of \$566 million.

The 2002 Supplemental Budget as passed by the Legislature spared the division from most of the proposed reductions. In fact, the division was one of only two programs within the department with an increased appropriation. The budget includes funding to settle the Arc v. Quasim lawsuit filed in 1999 and funding to increase the number of case managers. The supplemental budget also contained a provision directing the division to "re-program" State Supplemental Payments to division clients receiving Social Security Income. The division is developing an implementation proposal with the intent of having federal authorization in place by September 1, 2002.

As lawmakers address the current deficit, DDD faces a number of challenges. The number of eligible clients grows at an annual rate of approximately six percent, stretching the capacity of the case management system. Case managers are responsible for determining client eligibility, connecting clients to services and resources, the authorization of payments for services, and quality control. However, the division estimates the average caseload to exceed 100 clients per case manager, the highest ratio in the United States.

Percent Change in Caseload and Expenditures for the Division of Developmental Disabilities From FY92 through FY03

(Adjusted for inflation to 1992 equivalent dollars, excludes IMR tax)



The Economy (Continued)

While caseloads are expected to continue growing, the division's resources will be stretched. The funding increases provided the division in the last few biennia have been directed toward the entitlement program of Medicaid Personal Care or targeted toward specialized populations, such as state hospital outplacements, community protection, or RHC downsizing. Very little funding has been provided to meet the needs of clients requiring relatively inexpensive services such as Family Support and day programs or, conversely, expensive services such as out-of-home residential supports.

At the same time, the division is negotiating a settlement to the Arc v. Quasim lawsuit which requires the Legislature to increase funding to serve clients who are on the Home and Community Based Services waiver or eligible for ICF/MR services. The division's waiver program was reviewed by the Center for Medicaid and Medicare Services (CMS) and the audit identifies concerns about caseloads and the division's ability to adequately support clients eligible for services.

Appraisal of External Environment

The Economy (Continued)

The division is undergoing audits by the Joint Legislative Audit Review Committee (JLARC), including case management, a review of the value of the lands on which the Residential Habilitation Centers are located and a management review. The case management audit was released in April 2002 and was highly critical of the division's ability to generate accurate data. As a result, the Governor's Office directed the division to hire an outside consultant to review the management capacity of the division and the information service systems operated by the division. The Report released in May 2002, made six recommendations to strengthen the division's infrastructure, including increasing the credibility of the division with the external environment, and increasing the functionality of the division's information technology system to provide accurate data for policy and program decision making. This management review report is available from the division or can be viewed on the website (<http://www1.dshs.wa.gov.ddd.publications.shtml>).

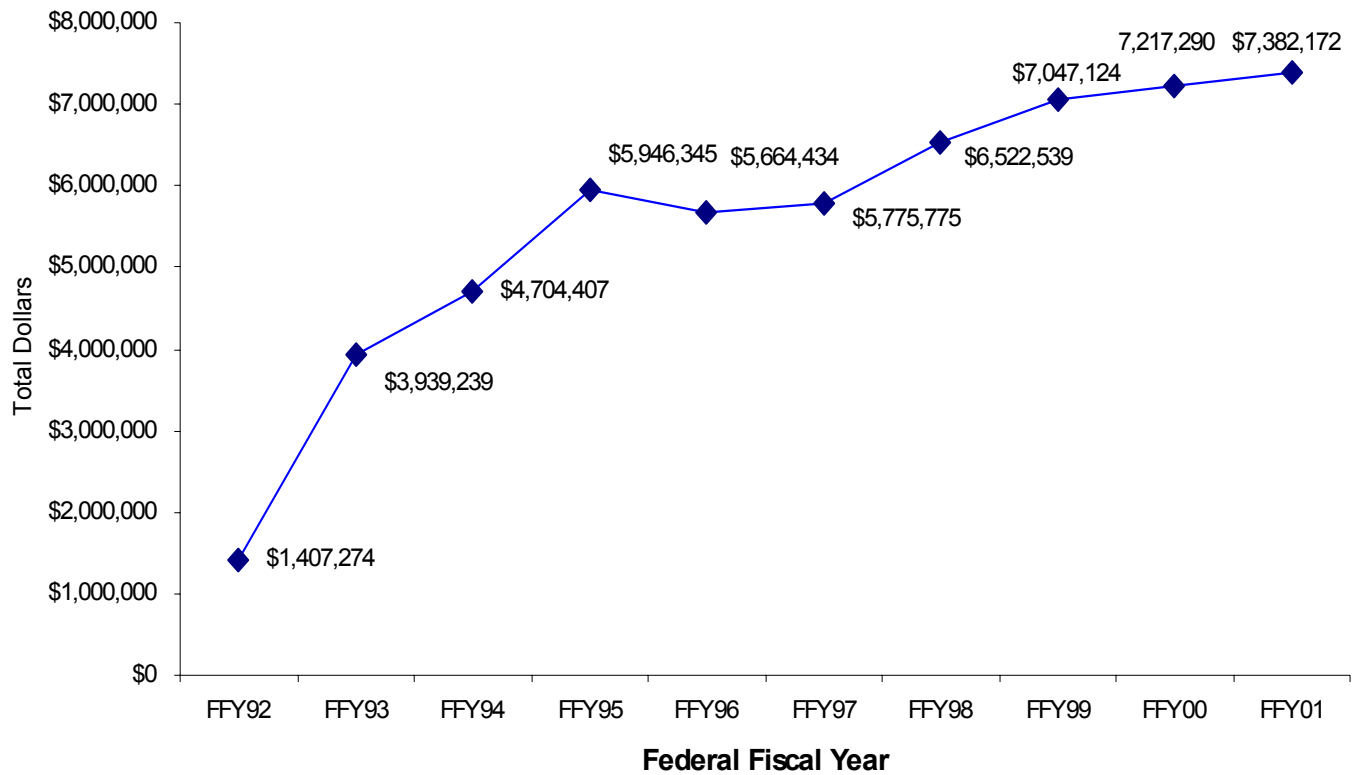
National Economy

There continues to be bipartisan support for increased funding at the federal level. Many of the increases are prioritized for early intervention, special education, and school readiness programs. Increases continue for inclusive childcare and early childhood programs, including Head Start and Early Head Start. Maternal and Child Health funding continues to be supportive of the importance of family centered early intervention services.

To maintain federal ITEIP (Part C) funding, the State must demonstrate "maintenance of effort" (MOE) by consistently providing at least the same amount of funding for early intervention services every year. If the State fails to meet the MOE requirements, then the Part C funding would be at risk. The State is firmly committed to protecting the ITEIP program and recognizes the importance of early intervention services.

The Individuals with Disabilities Education Act (IDEA), Part C that provides the federal enhancement funding to states has continued to increase with time. The national focus acknowledges that increases need to be at a much greater level in the next few years. Congress is being asked to add incentives for states to serve at risk populations. The funding pattern for the last several years is depicted in the chart on the following page.

HISTORICAL FEDERAL PART C FUNDING For Washington State's Infant Toddler Early Intervention Program



Trends in Customer Characteristics

National Population Trends

The estimated number of people in the United States with Mental Retardation and/or Developmental Disabilities is 4,132,878 or 1.58 percent. These statistics come from The National Health Interview Survey (NHIS), a household survey conducted annually since 1957 by the U.S. Bureau of the Census. The NHIS focuses on the civilian, non-institutionalized population in the United States. Each year the NHIS randomly samples approximately 46,000 households with 116,000 members from 201 primary sampling units nationally. In the state of Washington, the population of people with developmental disabilities who seek assistance from the Division of Developmental Disabilities continues to increase by five to seven percent yearly.

Washington's total population also continues to grow as follows:

1998	5,750,000
1999	5,830,800
2000	5,894,121
2001	5,974,900

The numbers of births in Washington State were as follows:

1996	77,874
1997	78,141
1998	79,640
1999	79,577
2000	81,004

The number of infants and toddlers in Washington is larger for several reasons:

Washington's population and growth reflects numerous individuals and families who move into Washington that are not found within the numbers of birth information. The number of people moving into the state continues to be higher than the number of those moving out of the state.

Active duty military personnel in Washington continues to grow. A major factor for military families moving to Washington is that Washington is a preferred state for military personnel requesting compassionate military transfer. Transfer requests have increase substantially since the opening of the new state of the art Madigan Medical Center and the closing of many large military bases in other states such as California. Since Madigan became the major tertiary care facility for this half of the country, families opt for Washington rather than many other locations stateside or overseas.

Trends in Customer Characteristics

National Population Trends (Continued)

The number of infants and toddlers, birth-to-three, with developmental delays, disabilities, and special health care needs continues to rise. In addition, the percentage of children with disabilities, delays, and special health care needs also continues to increase within the population.

Therefore, we must continue to provide family-centered early intervention services. At the same time, we must continue to work to maximize every available federal, state, and local resource to ensure coordination and collaboration of programs. Assuring non-duplicating of related activities is also an essential and ongoing need.

Family-centered early intervention services demonstrate an important improvement for children and families. For example, of Washington's infants and toddlers with disabilities or developmental delays, an average of 15 percent of the children no longer demonstrate developmental concerns by the time the child turns three years of age.

National social trends that are consistent with those seen in Washington include:

Babies born with very low birth weights are now survivors and a leading factor in developmental delays and disabilities.

Incidences of babies with multiple and severe medical needs are increasing.

Incidences of specific disabilities, disorders, and syndromes are increasing. For example, the national trend in the last decade for children born with autism has gone from 1 in every 10,000 to less than 1 in every 500 and many studies currently state 1 in every 250 children have autism.

Conditions surrounding a child's birth often reflect the forces that will shape a young person's life. Whether an expectant mother smokes, whether she receives prenatal care, how much education a new mother has, and her age when she gives birth are valuable predictors of the supports that are necessary for the child.

Nationally and at the state level there is a lot of room for improvement in working to better understand and reduce factors surrounding child births that lead to long term supports and services for families.

(Source Examples: DSHS-Research and Data Analysis, ITEIP reports, National Center for Health Statistics, Child Trends, Kids County Working Paper funded by the Annie E. Casey Foundation).

Trends in Customer Characteristics

Population Trends (continued)

Oral Health is an integral part of general health. Poor oral health can lead to the slowing down of the over-all health and have future effects as the child ages. Tooth decay may increase pain, which leads to poor diet/intake because of difficulty in eating. It decreases the body's ability to fight infection and develop immunity. When this happens, the person gets sick more often than usual. This results in a decrease in general health and decreased ability to work.

The importance of promoting oral health and reducing dental/oral disease is a lifelong goal.

More than 51,000,000 school hours are lost each year due to dental-related illness.

Poor children suffer nearly 12 times more restricted-activity days than children in other income groups do. Pain and suffering due to untreated oral diseases can lead to problems with eating and speaking as well as school attendance.

Employed adults lose 164,000,000 hours of work each year due to dental disease/visits.

Access to affordable dental care is very important.

(Source of Oral Health information provided from WA Health Care and Authority, Department of Health, and Department of Social and Health Services data and resources.)

Customer Profile

Key trends that are affecting people with developmental disabilities include the national movement to self-determination and choice, and an affirmation of the philosophy that people should be able to find the supports they need in their own communities in typical settings. This trend towards more individualized services is reflected in the fact that more and more families and individuals with developmental disabilities are directing their own family support budgets, employment programs and early childhood programs. Even in the most structured settings in the community, which are 24-hour supported living arrangements, choice and self-direction of services is evaluated, based upon the individual's service plan.

People with developmental disabilities and their families and advocates expect the division to consider their desires and change the system to meet their perceived needs. There is a growing expectation that the "customer" is part of the decision-making process and directs the outcome of the expenditures made on their behalf. Younger people with developmental disabilities and their families are experiencing much more integration and control over the services they receive, both from birth to three programs and schools, than was possible for older consumers. Their expectations are for that to continue and be the normal flow of life.

Trends in Customer Characteristics

Customer Profile (Continued)

DDD is working to meet these expectations by establishing an Office of Quality Assurance and Self-Directed Services as a vital step in system change. People who are moving from the RHCs under Olmstead funding are also being offered the opportunity to self-direct their services. The division also offers the Family Support Opportunities program that allows families to choose how to use a very small amount of money yearly, to help them keep their sons and daughters at home. Some counties, who contract for employment and other related community services, are offering services designed to implement self-directed principles. These counties are also developing many information and education services to support the growth of self-directed services. The division has an eight-year strategy to provide the opportunity for all people to self-direct their services to the extent they desire.

Diversity

DDD is committed to providing equal access to services for all eligible minorities, including Tribal members, people with limited English proficiencies, persons with physical disabilities, and sexual preferences. The 2000 census report from Research and Data Analysis (RDA) reports the state of Washington population as 5,894,121. Twenty-one percent or 1,241,631 of the population are minorities. About 6,289 or 20 percent of DDD clients served have self disclosed their minority status.

Changes

As the system changes there are several implications for the division including the use of more personal assistants which requires an available workforce; less reliance on agency residential supports and more individualized supports; more involvement of consumers and families in directing and selecting services; more movement in the system based on choice and not solely on the availability of "slots." Other results that are anticipated include a better-informed clientele and a better use of limited resources.

Internal Resource Assessment

Generic Service Delivery Issues

DDD is a division with 3448 fulltime employees. Approximately one percent of the staff is located in Olympia, and provides statewide program support and administration. The remaining division staff is located in six regional offices and twenty-five outstations, four State Operated Living Alternative (SOLA) programs, and five Residential Habilitation Centers (RHCs) across the state.

There is a crisis in the long-term care workforce. The paraprofessional long-term care workforce, that includes nursing assistants, home health and home care aides, personal care workers, and attendants form the centerpiece of the formal long-term care system. These front-line workers provide hands-on care, supervision and emotional support to millions of elderly and younger people with chronic illness and disabilities. Low wages and benefits, hard working conditions, heavy workloads and a job that has been stigmatized by society make worker recruitment and retention very difficult. It is estimated that by 2006 it will be the fourth fastest growing occupation, with a dramatic 84.7 percent growth rate expected. At the same time the pool of middle-aged women who have traditionally provided care will be substantially smaller (from Who Will Care for Us? by Robyn Stone.)

Technology and Infrastructure Trends

DDD has identified Information Technology (IT) factors that affect the division's ability to accomplish its mission, goals and objectives.

Some of the identified DDD IT business needs and IT industry trends are major considerations in the division's strategic and tactical plans:

Expanding and customizing the DDD IT infrastructure to support current policies and business practices of the division. Developing a full-featured DDD Case Management Information System is a top priority, addressing the business requirements of the Case Management Feasibility Study, completed in January 2002.

Making appropriate changes to the Common Client Database (CCDB), the division's client demographic database, and the division's business practices to assure highly accurate, current, credible data needed by DSHS Executive Management, DDD management and programs, legislators, constituents, and other special interest and oversight groups.

Maximizing the use of state-of-the-art IT methods, tools and equipment to increase the productivity of DDD staff and improve the delivery of services to clients and their families. Examples include: internet/intranet communication and systems, mobile and wireless computing, imaging, videoconferencing, and Windows 2000 architecture, while considering voice data entry and other coming technologies when available and practical.

Internal Resource Assessment

Generic Service Delivery Issues (Continued)

Increasing the use of IT to address state and DDD budget pressures, to reduce overall cost of DDD administration and program management, and increasing the productivity of staff and quality of services provided to DDD clients.

Focusing on IT goals to maintain a pro-active, responsive, priority-sensitive IT organization. Using project portfolio management methods for effective communication of IT issues and opportunities, and aiding in executive decision-making regarding mission-critical IT projects.

Infrastructure Trends

Using industry proven “best practices” in IT systems and infrastructure planning, leadership, measurement and control must be a top priority. DDD will support and promote agency e-Government and other technology-oriented cooperative ventures, such as “No Wrong Door.”

The ITEIP Data System incorporates mainstream technologies, offering high scalability, flexibility, and meaning. Any additional modification and/or improvements are easily accomplished. Because the system is centrally located, version control is possible and modifications can be done in one place (as opposed to each client site), resulting in more accurate information.

The ITEIP Data System conforms to DDD/IS’ Enterprise architectural strategy, which includes Web enabled applications on secure State SQL databases. The implemented browser-based (Internet) technology allows greater user (family, Family Resources Coordinator’s, managers, and providers) information access with minimal hardware and software requirements. For local lead agencies using their existing Internet connections, this approach allows for further integration of data. The system was developed using state-of-the-art networking technology that takes advantage of industry standards allowing easily accessible, fast and secure (encryption) data transfer.

Authorizing Environment

There is a strong social commitment to community living and employment for people with disabilities at the federal level. President G. W. Bush signed an executive order on February 1, 2002 implementing a plank in his campaign platform, his “New Freedom Initiative.” According to the White House Fact Sheet, the initiative will: 1) increase the federal government’s efforts to implement the Supreme Court’s ruling in Olmstead; 2) create a national commission on mental health; and 3) implement swiftly the Ticket to Work and Work Incentives Improvement Act (TWWIA).

Internationally, many countries, along with the United States, continue to move towards incorporating the principles of self-determination and choice into government programs. This is being done through various versions of person-centered planning, personal agents, the use of fiscal intermediaries, individual budgets and increasing the personal responsibility of people with developmental disabilities and their families in managing resources.

Internal Resource Assessment

Authorizing Environment (Continued)

The Americans with Disabilities Act (ADA) continues to come under attack from various sources, and the scope has been diminished in significant Supreme Court decisions over the last few years. At question is the scope and extent to which the ADA has power over state decisions, as well as the number of frivolous suits that are continuing to be filed. The Department of Justice continues to litigate in literally hundreds of cases. Under general rules governing lawsuits brought by the Federal Government, the Department of Justice may not file a lawsuit unless it has first unsuccessfully attempted to settle the dispute through negotiations. The Department of Justice is currently at Rainier School and Frances Haddon Morgan Center, state RHCs, working on issues.

Litigation concerning Medicaid services for persons with developmental disabilities continues in many states. These lawsuits aim at securing prompt access to Medicaid home and community services for people with developmental and other disabilities. They can be considered in three categories: waiting list lawsuits, Olmstead lawsuits and access to benefits lawsuits. The Arc of Washington is currently suing Washington State in the third category. DDD also is in the implementation stage of a suit brought by the Washington Protection and Advocacy System regarding treatment of people at Western State and Eastern State Mental Health Hospitals.

The DDD budget is made up of approximately 50 percent state funding and 50 percent federal funding through Medicaid. The waiver that DDD manages for Home and Community Services (CAP waiver) was up for renewal in July 2002. The division requested an extension of the current waiver as the Centers for Medicaid and Medicare Services (CMS) audited the waiver program. The audit report received at the end of July 2002 is critical of the division's implementation of the CAP waiver and requires the state to reimburse inappropriately used federal funding. The department and the AAGs will review the report to consider appealing and the division will begin developing a corrective action plan.

DDD is exploring the possibility of replacing its single waiver with several waivers in order to more fully comply with federal and state legislative intent. The single waiver in use at present obligates future legislatures in a way that was not intended when it was used to match state funding. Several waivers would allow the state to control spending and the legislature to make informed decisions on where funding should be increased or decreased.

DDD is also working to increase its quality assurance system by establishing the Office of Quality Assurance at the State level and Regional Quality Assurance Coordinators in each region. Work is also being done to establish an incident and mortality review system, as well as other systems and procedures that will support increased quality assurance activities. The division will use a consultant to develop a master strategic work plan using Microsoft Project to coordinate and resource all the audits, reviews and legislative directives, as well as ongoing service delivery requirements.

Internal Resource Assessment

Financial Assessment

The legislature expects DDD to stay within its budget and continue to streamline services and cut costs. The legislature also expects DDD to carry out legislative intent even when that intent does not meet the realities of the situation. One example of this is the legislative requirement to move 80 people from the RHCs for \$280.00 per day, division data shows that \$340.00 per day is in fact what is needed. There is a lack of confidence in the division's data, which results in budget provisos and other measures that further restrict the division's ability to manage the budget.

The division attempts to meet legislative requirements to stay within budget and has returned in supplemental sessions with requests for added funding when that was difficult. The division continues to use this approach, but is also establishing management controls to keep programs within their budgets in a much more rigorous manner. One of the criticisms of the JLARC committee was the division's lack of eligibility reviews, which caused children over the age of six and no longer eligible for DDD services to remain on the caseload longer than they should have been. DDD is working to correct this problem and establishing procedures to keep it from happening again. DDD will face several challenges regarding finances during fiscal year 2003 and the ensuing 2003-2005 biennium.

Washington State's economy is expected to continue its current struggles, putting tremendous pressures on the legislature to address the revenue shortfalls. While the Division was spared reductions in the 2002 supplemental budget, the Governor's office and the department continue to look at further reductions because of the states revenue shortfall.

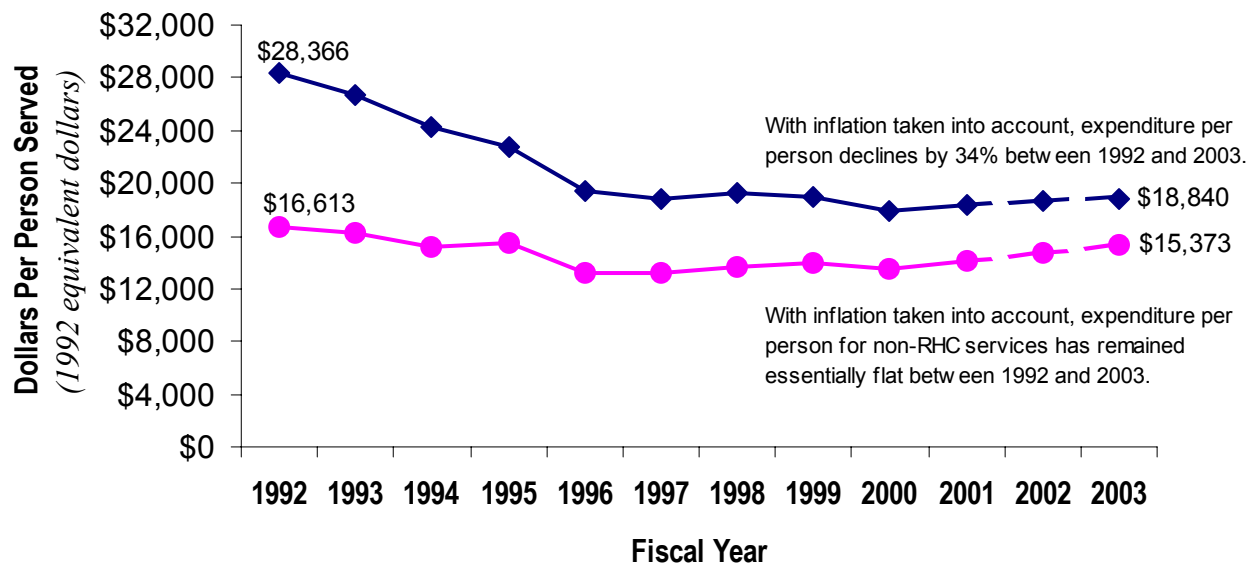
The number of clients eligible for services from DDD increases approximately six percent per year, stretching the case management system and restricting the division's ability to meet client needs. Although the division is negotiating a settlement to the Arc v. Quasim lawsuit that will increase services to approximately 5,500 clients over a three-year period, the number of clients requesting services will increase at even a faster rate.

Even without increased expenditure authority, the division will be hard pressed to maintain services at the existing level. The Legislature has assumed the division can earn more federal matching funds than has been practical, the per capita costs of services increase as client needs change, and the division has been directed to support clients at rates potentially lower than can be negotiated with service providers.

The division's strategic plan focuses on meeting the needs of individual clients. However, this will require systemic changes in case management, management information system infrastructure, and the division's relationship with other DSHS programs and external partners. Additional funding will be required to address the settlement of the Arc lawsuit, decrease the current caseloads of case managers, and meet the division's information management and system needs. Even then, however, the number of eligible clients will continue to rise as will the number of families awaiting supports.

Average Annual Expenditure per Person Served

(Adjusted for inflation to 1992 equivalent dollars, excludes IMR tax)



Internal Resource Assessment

Joint Legislative Audit and Review Committee (JLARC)

The Joint Legislative Audit and Review Committee (JLARC) has several studies of the division underway that have potential to impact the way the legislature funds DDD services:

1. The first study addressed the caseload/workload for DDD case managers. An interim report was presented to the legislature in April 2002 on the size of the caseload. Discrepancies were found by JLARC concerning caseload counts that have raised major concerns with many legislators. The department has put together a plan to both provide corrected information and also to address those issues that are of concern. The results should be ready by November 2002.
2. Another study is looking at the land that the state institutions (RHCs) sit on and evaluating their potential value; this study is due by December 2002.
3. Additionally, JLARC was directed by the 2002 legislature to conduct a management and program review of the division including how the division is providing waived services.

Public opinion is a covert factor in DDD funding. While the general public states that they are desirous for the most vulnerable people in Washington to have public funded supports, voting trends tend to be moving in the opposite way. A series of initiatives, sponsored by "The People," have seriously eroded the tax base of the state, making it more and more difficult for the legislature to fund existing programs, let alone meet the needs of those not currently in service. There is a general cry of "more for less."

State Supplemental Payments (SSP)

State Supplementary Payments in Washington

The population eligible to receive the State Supplementary Payments will include:

Blind, Aged or Disabled individuals with developmental disabilities in families with taxable income at or below 150 percent of the state median family income adjusted for family size; and

Blind, Aged or Disabled individuals with an ineligible spouse.

The Social Security Administration (SSA) administers the State's Mandatory Minimum State Supplementary program. The payment amount is determined by the Minimum Income Level (MIL) established at the time of conversion in December 1973.

Beginning July 2002, pursuant to Engrossed Substitute Senate Bill (ESSB) 6387, the state will administer the State Supplementary Payments for blind, aged or disabled individuals eligible for services from DDD. Economic Services Administration (ESA) SSA continues to administer the State Supplementary Payments for blind, aged or disabled individuals with an ineligible spouse. This plan applies only to those blind, aged or disabled individuals eligible for services from DDD.

Discussion of Major Partners

County Developmental Disabilities and Human Services/Health Departments

A significant major partnership for DDD is the formal association with the 39 counties across the state. The partnership with counties enables the state's developmental disabilities community services to be coordinated as part of the broader local community system. County developmental disabilities offices contract out and manage about one-third of DDD's community service system funds, including supported employment and other day services for adults, early intervention services for children birth to three years of age, and information/education services.

In addition counties have local citizen advisory boards to assist in development of local public policy, and to sponsor community forums and opportunities for citizen input in regard to services and supports. Counties contribute millions of local government dollars annually to developmental disabilities services, through community grants that support parent/family coalitions, self-advocate groups, and a broad range of other community resource development efforts. These local developmental disabilities public funds are often used to match and compliment state funds, creating more flexible and effective approaches in meeting locally determined service needs.

The partnership with counties enhances the state's developmental disability community service system through each county's coordination of efforts with neighborhood groups, public school systems, local public transportation services, housing issues, public safety concerns and medical/health services.

Other Agencies and Departments

DDD works in collaboration with other departmental divisions and agencies in many ways to ensure work for maximal services for individuals served by DDD. For example, the Infant Toddler Early Intervention Program is a multi-agency and division program with comprehensive service area agreements maintained through a state interagency agreement that includes each DSHS division serving eligible infants and toddlers and their families, the Department of Health, Department of Community, Trade and Economic Development, Department of Services of the Blind and Office of Superintendent of Public Instruction. In addition, the State Interagency Coordinating Council for Infants and Toddlers and Their Families works across agency lines through advice and assistance for each of the above divisions and agencies and with the assistance from family representatives, services providers and multiple agency designees.

Discussion of Major Partners

Stakeholder Trends

Since 1997, a DDD Stakeholder Workgroup (SWG) has been meeting to mediate strongly held adversarial views on the role of institutions in the state system, the unmet need in the state and to plan for a future service delivery system. The group has issued two reports to the legislature and is required to submit a final report in December 2002. The legislation that enabled the work of the group sunsets in June 2003. The first report focused on unmet needs, the second report on changing to a system of self-directed services and the final report will contain recommendations on the role of the RHCs and further recommendations on policy and self-direct services implementation.

Key stakeholder issues include:

Lack of resources to fund needed services and supports are lacking. DDD advocates continue to meet with the legislature to explain the need for more resources and continue to demand those resources from the division. When there are not resources to meet crisis needs, stakeholders are understandably unhappy with the division.

Large numbers of people with developmental disabilities have unmet needs. Stakeholders are frustrated by the lack of funding needed to provide supports for this most vulnerable population and by the many years that needy people must wait to get help, if at all.

Choice of supports and services is considered a vital necessity for people receiving services. Until the last few years, programs have been offered by way of empty "slots." Stakeholders consider this an archaic way of doing business and are demanding the right to choose how the dollars being spent in their behalf are used.

The role of institutional care in the division has been a lightning rod for many years. Because of the large amount of funding that is directed to a small portion of the caseload, there is continual confrontation over how that funding should be spent. The DDD Stakeholders Workgroup has helped to minimize that argument by agreeing to a "choice" model, which states that there must be funding in the community as well as the RHC for a person to be given a "choice" or services.

Stakeholder expectations of the agency are that they be informed and involved in all of the decisions that DDD makes. One of the key cries is "Nothing about us, without us." Stakeholders expect DDD to provide quality supports and services that are healthy and safe, plus accurate and reliable data about those services. Stakeholders also expect that the division work in collaboration with all of its "partners" as it implements the decisions that are made.

Discussion of Major Partners

End of Sentence Review Committee

The Community Protection Act of 1990 created in statute the End of Sentence Review Committee. The committee's role is to assess the risk of re-offense of all offenders in Department of Corrections (DOC) and DSHS Juvenile Rehabilitation Administration custody with current or past convictions for sex offenses and kidnapping offenses. DDD has a permanent appointment to this interagency committee. Partners in End of Sentence Review activities include representatives from DOC headquarters, institutions, and field operations, representatives from the DSHS Children's Administration, Juvenile Rehabilitation Administration, Mental Health Division, and the Victim Witness Notification Program, as well as law enforcement representatives from the Seattle Police Department and the Snohomish County Sheriff's Office. Following assessment of risk to re-offend, the committee determines each offender's community notification level upon his or her release from custody.

Dangerous Mentally Ill Offender Program

The Dangerous Mentally Ill Offender (DMIO) legislation (SSB5011) took effect March 15, 2000. Its purpose is to help provide improved public safety and additional mental health treatment for dangerous mentally ill and chemically dependent mentally ill offenders. The DMIO program requires pre-release planning, including civil commitment evaluation, by interagency teams. Teams must include representatives from the Department of Corrections (DOC), the DSHS divisions of Developmental Disabilities, Mental Health, and Alcohol and Substance Abuse, Regional Support Networks (RSN), and mental health service providers. DDD has a permanent appointment to the ongoing DMIO State Review Committee, which identifies dangerous mentally ill offenders being released from DOC facilities into the community, and determines which RSN will take the lead in the pre-release planning efforts for each DMIO program participant. Since its inception, this program has strengthened DDD's partnership with DOC, law enforcement, and community mental health providers.

DDD/MHD Collaborative Work Plan

Major Partners of this program include the following, Mental Health Division (MHD), Regional Support Networks (RSNs), and Licensed Community Mental Health Centers (CMHCs), Western State Hospital (WSH) and Eastern State Hospital (ESH), Washington Protection and Advocacy System (WPAS), and the Monitoring Committee of the Allen lawsuit.

DDD/MHD Collaborative Work Plan (Continued) **Key Initiatives of the DDD/MHD Collaboration include:**

Improve access for individuals with developmental disabilities and mental health issues to crisis prevention and intervention services.

Improve access for individuals with developmental disabilities and mental health issues to psychiatric evaluation and medication monitoring services.

Improve access for individuals with developmental disabilities and mental health issues to community psychiatric hospitalization.

Increase the ability to support individuals with developmental disabilities and mental health issues in community residential services.

Decrease unnecessary use of state psychiatric hospitalizations for individuals with developmental disabilities and mental health issues.

Crisis Prevention and Intervention Services - DDD is responsible to provide funding and develop contracts with RSNs, and to work collaboratively with MHD, RSNs and CMHCs and the Monitoring Committee to define the array of services necessary to minimize mental health crisis in the community that, if left untreated, result in state hospital admissions. Crisis Prevention and Intervention services also include contracting for crisis diversion bed services. DDD also develops and provides training to all contractors of this service. DDD and the CMHCs, RSNs, and MHD also share responsibility for gathering data to use for tracking services and outcome measures which also get reported to the Monitoring Committee.

Psychiatric Evaluation & Medication Monitoring Services - As above, DDD is responsible to provide funding and develop contracts with psychiatrists, Advanced Registered Nurse Practitioners (ARNPs) and other qualified medical professionals to provide these services. DDD collects data regarding type, amount, and frequency of these services and works with its major partners to evaluate the results and impact on decreasing state hospital usage.

Increase the use of community-based psychiatric hospitals to impact the unnecessary use of state hospitals - The MHD collects data on the number of DDD clients who use community hospitals and reports this to DDD and the Monitoring Committee. MHD and DDD provide training to CD-MHPs to encourage use of local hospitals before sending clients to the state hospital. WSH attempts to redirect admissions back to the community-based psychiatric hospitals rather than to the state psychiatric hospital. MHD and DDD also meet regularly and work with the Monitoring Committee to identify and develop improved ways to access local hospitals rather than the state hospitals.

Discussion of Major Partners

DDD/MHD Collaborative Work Plan (Continued)

Increase ability to support clients in residential services who are ready for discharge from the state hospital - WSH and ESH provide multi-modal mental health habilitative services to individuals with acute psychiatric disorders. Once stable, DDD works with WSH and ESH to determine the level of supports the client will need to live successfully in the community. DDD then works with RSNs, CMHCs, and DDD certified residential providers to develop individualized treatment plans, including cross system crisis plans for those individuals. DDD also works with WSH to prioritize those clients for whom Mental Health Outplacement funds would be appropriate for, and works within the timelines for when these outplacement funds would be available, based on the schedule for outplacement funded slot availability.

Decreasing unnecessary state hospitalizations - Utilizing all of the above strategies and initiatives, DDD, MHD, RSNs, and CMHCs attempt to decrease unnecessary state hospitalizations. The MC provides technical assistance and external monitoring of progress in implementing the Collaborative Work Plan; RSNs work with CMHCs to provide increased crisis prevention and stabilization services to DDD individuals at risk of decompensation. DDD and MHD monitor usage of these services as well as promote increased efficiency of these resources. DDD provides case management services and interfaces with the mental health service delivery system to coordinate services, information and referrals for necessary services. DDD psychologists also develop positive behavioral support plans and functional analysis of problematic behaviors in an attempt to abate behaviors that result in acute mental health crisis and thus warrant hospital admission. CD-MHPs and WSH as well as ESH attempt to redirect appropriate admissions to the local community hospital. DDD and MHD continue to identify new ways to decrease the unnecessary state hospital admissions as well as decrease the average length of stay at the state hospitals.

Discussion of Major Partners

State Interagency Agreement for Implementation of the Part C System

DSHS/DDD/ITEIP work in partnership with the Office of Community Development (OCD), Department of Health (DOH), Department of Services of the Blind (DSB), and the Office of Superintendent of Public Instruction (DCTED) to ensure the implementation of a statewide, comprehensive coordinated, multidisciplinary and interagency early intervention service delivery system for infants and toddlers with disabilities and their families. The roles and responsibilities of each state partner are outlined in the interagency agreement. Agencies agree to:

Promote the integration of education, health and social services;

Streamline and coordinate regulatory reform efforts;

Identify, develop and implement strategies to resolve unmet needs in early intervention services;

Coordinate data collection;

Support family-centered service delivery;

Coordinate training and personnel development across systems; and

Coordination of services (including funding) to avoid duplication and assure maintenance of effort.

Office of Superintendent of Public Instruction (OSPI)

State partners also serve on the Governor-appointed State Interagency Coordinating Council (SICC), whose purpose is to advise and assist DSHS and the four other participating agencies regarding early intervention and transition services for infants and toddlers with developmental delays or disabilities and their families.

OSPI adopted new Washington Administrative Code (WAC) 392-172, effective December 31, 2001. The amendments clarify that school districts that opt to serve children, birth to three, follow Part C of the Individuals with Disabilities Education Act (IDEA) for early intervention services. This is a significant change for school districts and early intervention providers accustomed to providing special education and related services under the special education WAC. DSHS, DDD-ITEIP and OSPI are in the process of developing joint training for parents, school district staff, early intervention services providers, and other interested parties throughout the state. The training is tentatively scheduled to begin in the Spring of 2002.

Discussion of Major Partners

Department of Health (WISE Grant)

DDD, ITEIP, Office of Community Development, and OSPI are working in partnership with DOH in the implementation of the Washington Integrated Services Enhancement (WISE) grant. The purpose of the WISE for Children with Special Health Care Needs (CSHCN) project is to promote cross agency policies and infrastructure that will improve the access, availability and continuity of services for children, ages birth through eight, with special health care needs and their families. DOH, DDD, ITEIP and OSPI are working together on the following goals:

Simplify enrollment;

Enhance communication and care coordination for families;

Develop policies and infrastructure that support shared data systems;
and

Maximize and braid/blend funding.

Parent/family members and Office of Community Development, DOH, DDD, ITEIP and OSPI representatives serve on the WISE grant Steering Committee and Subcommittees. The SICC and Family Advisory Network will act in an advisory capacity to the grant and Steering Committee. This is a four-year project, which began June 2001.

Developmental Disabilities Council (DDC)

ITEIP contracted with the DDC to jointly sponsor a two year Developmental Disabilities Leadership Institute for families with children birth through adulthood and self advocates. The Advisory Group to this project included representatives from the University of Washington UAP, Arc of Washington, Washington State Parent to Parent, Washington State Father's Network and SICC Family Leadership Team members. The DDC/ ITEIP advisory group continues to meet as future training needs are identified and training activities developed. In partnership, the DDC and ITEIP share and disseminate information to its stakeholders around leadership training projects and opportunities occurring throughout the state.

Arc of Washington

The Arc is the lead agency for Washington State Parent to Parent (P2P). P2P has worked with the division and the Office of Superintendent of Public Instruction (OSPI) for many years to ensure parent/professional partnerships in all service delivery to children with developmental disabilities and/or special health care needs and their families. Parents of children with special needs are included on many committees and consult on local, state and national issues. ITEIP currently contracts with the Arc to enhance family support services through P2P to assure statewide access for families.

Discussion of Major Partners

Arc of Washington (Continued)

During the period October 1999 - December 2000, ITEIP brought together statewide family support organizations to form the Washington Family to Family Network (WFFN). The organizations and groups brought together include: Arc of Washington, Washington State Parent to Parent, Washington PAVE, Washington State Father's Network, Family Voices of Washington State, and the Washington State Sibling Support Project. The group met regularly to share information, and identify the diverse support needs of families in Washington State. WFFN continues to work together in coordination on many projects to increase, strengthen and enhance family support activities including assisting with the DOH WISE Grant activities. Currently, the WFFN is working with ITEIP to plan this years' June 2002 Family to Family Gathering, focusing on families with infants and toddlers from diverse, minority and rural areas of the state.

School Districts

Approximately 54 percent (159/296) of the school districts choose to serve children, birth to three. Some districts serve directly and others contract with local early intervention service providers. With the OSPI changes in WAC, school districts are now required to follow IDEA, Part C requirements.

The Autism Outreach Project

ITEIP enhances funding from the Office of the Superintendent of Public Instruction to support the Autism Outreach Project. The project is designed to improve access to appropriate early intervention services for children birth-to-three with autism and their families. The enhanced funding provides a lending library, regional and statewide training, and information and referral to families, service providers working in school district birth-to-three programs, developmental centers, and other public/private agencies.

Low Incidence Sensory Disabilities Services

ITEIP provides enhancement funding to improve access statewide to early intervention services for children, birth to three, with sensory disabilities and their families. This project is also funded by the Office of the Superintendent of Public Instruction and is administered by Washington Sensory Disabilities Services (WSDS). The project provides consultation, referral services, parent-to-parent support, workshops, transition support, a lending library, and interpreter support for children with vision impairment, blindness, deafness or hard of hearing, and deaf-blindness and their families.

Sequenced Transition to Education in the Public Schools (STEPS) Project

ITEIP coordinates with OSPI, Washington State Migrant Council, Office of Community Development, Region 10 Head Start, DOH, DDD, and ESD 112 to support the Sequenced Transition to Education in the Public Schools (STEPS) project. The project is designed to support interagency transition services for young children, birth to eight, and their families. An ITEIP staff participates on the State STEPS team, a multi-agency effort, which provides training and technical assistance to develop and maintain community STEPS teams throughout the state.

GOAL 1: THE DIVISION OF DEVELOPMENTAL DISABILITIES WILL EFFECTIVELY AND EFFICIENTLY USE RESOURCES TO ACCOMPLISH THE VALUES, PRINCIPLES, AND THE MISSION OF THE DIVISION OF DEVELOPMENTAL DISABILITIES WHILE MAINTAINING ACCOUNTABILITY FOR PUBLIC AND CLIENT SAFETY AND THE MANAGEMENT OF AUTHORIZED RESOURCES.

Strategies:

- A. Strengthen the management capacity of the division to ensure sound business practices and provide organizational focus on policy and procedure compliance.

Objective: The division will implement the recommendations contained in the Sterling Associates review (May 2002) with which the department concurs.

Objective: The division will implement the recommendations in the JLARC audits (April 2002 and Fall - Winter 2002) with which the department concurs.

Objective: The division will implement the recommendations contained in the Centers for Medicaid and Medicare (CMS) review of the Community Alternatives Program (CAP) waiver (July 2002) with which the department concurs.

Objective: The division will develop a waiver package that retains federal funding acceptable to CMS, DSHS Administration, OFM, and the Legislature.

Objective: The division will establish a Core Data Set (mission-critical core data elements) with clear definitions, documentation of the source data, and business rules for input, editing and reporting.

Performance Measures:

The division will have an overall Master Work Plan to implement the recommendations of the audits and reviews by December 2002.
(DP: PL-DE)

The division will have an approved Home and Community Based Services (HCBS) waiver by January 1, 2002.

Core Data Set will be verified and implementation plan in place by December 30, 2002.

- B. Enhance and maintain a statewide Quality Assurance System to ensure client safety and satisfaction and accountability for using public resources.

Objective: The division will continue to enhance its quality assurance system with the addition of a statewide incident review system and a statewide mortality review system.

Objective: The division will include a stakeholder advisory committee in identifying other areas for quality review.

Objective: The division will implement approved recommendations from the Health Care Task Force.

Performance Measures:

The division will have a state incident review system in place by December 2002.

The division will have a state mortality review system in place by December 2002.

The division will begin collecting data from consumer satisfaction cards by October 2002 and information from the cards will be reviewed quarterly at regional reviews.

The division will implement the quality assurance tool for companion homes by December 2000.

The division will meet, at least twice, with the Quality Assurance Advisory Committee to get advice and direction on enhancing its quality assurance system by July 2003.

- C. Strengthen integration and coordination with other DSHS administrations and allied departments for promoting coordinated service delivery for clients of the division.

Objective: The division will participate and/or initiate the development of joint planning and service strategies with Children's Administration (CA), Aging and Adult Services Administration (AASA), Mental Health Division (MHD), Division of Vocational Rehabilitation (DVR), Division of Alcohol and Substance Abuse (DASA), county and local government, and Office of Superintendent of Public Instruction (OSPI) for common clients.

Objective: The division will add regional counselor aides to perform administrative functions currently being done by case resource managers to ensure that state and federal requirements are met and allow case/resource managers more time to address the health, welfare, and safety needs of clients on their caseload.

Objective: The division will develop an accountable rate setting strategy that is easily coordinated with relevant department administrations; i.e., CA for child clients and AASA for adult clients.

Performance Measures:

In coordination with AASA, all DDD's adult day health participants will be assessed for eligibility with at least one assessment for 208 clients during the first year and then two assessments for those clients the next year. (DP: PL-EK)

The division will implement the rate-setting study recommendations for Voluntary Placement Program (VPP) in coordination with rates established for CA.

The division will have a plan negotiated with the Washington Federation of State Employees (WFSE) for adding regional counselor aides.

The division will implement the results of the court ordered mediation in the class action lawsuit MARR vs. ESH, et al. (DP: PL-WF)

The division will participate with AASA and Medical Assistance Administration (MAA) in the Washington Medicaid Integration Project to improve health outcomes for high users of medical services.

- D. Support the proposed negotiated settlement of the Arc vs. Quasim lawsuit in order to expand the availability of services to eligible clients not currently receiving a paid service and to clients currently not on the HCBS waiver.

Objective: The division will implement the proposed Arc lawsuit settlement to avoid returning to court.

Performance Measures:

Program oversight through four individual national experts will monitor the implementation of the negotiated settlement. (DP: PL-DB)

(See Goal 5. Objective C, for performance measures). (DP: PL-DB)

GOAL 2: THE DIVISION OF DEVELOPMENTAL DISABILITIES WILL DEVELOP INFORMATION TECHNOLOGY THAT SUPPORTS AND ENABLES PARTNERSHIPS AND COMMUNITY BASED SERVICES, ALLOWING FOR INTEGRATION OF SERVICES, ENHANCING STANDARDIZATION AND REDUCING DUPLICATION ACROSS THE DIVISION.

Strategies:

- A. Develop and implement a comprehensive information technology plan that supports policy direction, addresses case and program management needs, mitigates program risks and makes maximum use of Federal Financial Participation (FFP).

Objective: The division will develop a management information system, in achievable segments, that delivers credible information to the executive and legislative branches of government.

Objective: The division will make maximum use of federal funding in the development of the management information system.

Objective: The division will ensure that the information system will generate comprehensive data in partnership with DSHS Research and Data Analysis (RDA), MAA, and AASA.

Objective: The division will ensure that the information system supports coordination of caseload forecasting and budget development.

(PLACEHOLDER FOR PL WB: HIPAA)

Performance Measures:

The division will complete the first segment of a management information system by June 30, 2004. **(DP: PL-DE)**

The division will complete an Advance Planning Document (APD) to maximize FFP and submit to CMS by December 2002. **(DP: PL-DE)**

The division will have consistent and accurate data by identifying critical data elements and their source, developing and documenting business rules and having internal policies and procedures for data management by November 2002.

- B. Continue enhancements to the ITEIP data system to maximize its effectiveness as a full management tool.

Objective: DDD regional staff will work with community ITEIP contractors and Family Resources Coordinators to use the data produced by the system to assist infants, toddlers and their families to receive comprehensive early intervention services and ensure smooth transition information.

Objective: ITEIP Data Management System enhancements will be developed that allow linkages, design additional system platforms and assist with the development of the new DDD Case Management Information System (CMIS) and will ensure coordinated outcomes and maximum use of state and federal funding.

Performance Measures:

ITEIP data management staff and their contractor will complete documentation on all ITEIP data management system enhancements, including how they relate to DDD CMIS, by the end of the project.

Each region will coordinate with local ITEIP contractors, Family Resource Coordinators, and participating families to ensure eligible children are enrolled and removed from DDD caseload as appropriate to the child's development and eligibility status.

ITEIP data management project staff and ITEIP program managers will provide training as necessary on the ITEIP data management system to facilitate appropriate use of the system by the end of the project.

GOAL 3: ENSURE THE DIVISION OF DEVELOPMENTAL DISABILITIES' EMPLOYEES RECEIVE THE APPROPRIATE TRAINING TO WORK EFFECTIVELY IN ACCOMPLISHING PUBLIC, CUSTOMER, INTERNAL PROCESS, AND FINANCIAL OBJECTIVES.

Strategies:

- A. Promote, encourage, and support quality improvement efforts throughout the DDD community.

Objective: The division will provide supervisors and managers the opportunity to participate in the Leadership Development Workshop and supervisory development courses.

Objective: The division will support process improvement teams that include client and community participation.

Performance Measures:

Each region has at least one process improvement team with client and community members participating to focus on Department of Personnel (DOP) Employee Survey results by June 30, 2004.

An additional 80 supervisors/managers will attend the Leadership Development Workshop by 2005.

Eighty percent of DDD supervisors will have completed the supervisory development courses required in the DSHS Human Resource Development (HRD) Plan by July 2003.

Fifty percent of DDD WMS employees will complete the required "Management Orientation to Civil Service" training by July 2003.

The division has a draft succession plan by July 2003.

- B. Ensure that all newly hired case resource managers are provided with the knowledge and skills to work efficiently and effectively for the clients.

Objective: The division will provide core curriculum training to all newly hired case resource managers.

Performance Measures:

One hundred percent of newly hired case resource managers will receive core curriculum training within the first six months of employment.

Each region will have a monthly schedule of in-service training activities available for case resource managers posted on the DDD website.

- C. Enhance the provider training standards in long-term care settings including Adult Family Homes, Boarding Homes, and In-Home provider services.

Objective: The division will implement SSB 6502 by providing caregiver training.

Performance Measures:

Design and implement a new DDD specialty training manual and training module by September 2002.

Offer DDD specialty training to all group home and boarding home personnel who serve people with developmental disabilities by July 2003.

Offer DDD specialty training as DDD's core training module in every region by March 2003.

- D. Evaluate division employee satisfaction and training needs using the information and data provided in the DOP survey.

Objective: The division will survey the division employees every two years using the DOP employee survey.

Performance Measure:

Provide information/recommendations for quality improvement teams to the management team via DOP survey analysis. Charter at least four quality improvement teams.

- E. Provide respectful, culturally appropriate services to clients of DDD by increasing recruitment encounters that will lead to increased diversity.

Objective: Each region will establish an appropriate target percent increase for diversity candidates hired into WMS and Exempt positions.

Objective: Each region and central office will increase the percent of employees who attend diversity training.

Performance Measures:

One hundred percent of DDD employees will attend diversity training.

Regional and division-wide targets will be met by June 30, 2005.

- F. DDD employees have an understanding of their personal performance and have improvement strategies in place to support their growth and development.

Objective: DDD managers and supervisors will complete at least 82 percent of DDD employee performance evaluations within the 60-day timeframe.

Performance Measure:

Eighty-two percent of Employee Development and Performance Plans (EDDP) and Management Development and Performance Plans (MDPP) completed on time.

GOAL 4: IMPROVE PROGRAM ACCOUNTABILITY WITH LEGISLATIVE INTENT THROUGH IMPLEMENTING LEGISLATIVE PROVISOS IN THE 2003-2005 BIENNIA.

Strategies:

- A. Consistent with legislative intent, provide eligible clients of the division with a State Supplementary Payment (SSP).

Objective: The division will develop a plan for distribution of SSP to Social Security Income (SSI) eligible clients of the division that is consistent with federal rule and approved by Social Security Administration (SSA).

Performance Measure:

Legislative budget projections that are in accordance with federal rules and approved by SSA are met.

Distribution of SSP will begin in September 2002.

- B. Implementation of all legislative directives, including budget provisos.

Objective: The division will report monthly on the status of the budget provisos as part of the department's program fiscal review.

Performance Measure:

All budget provisos are met and all legislative reports are submitted on time.

GOAL 5: THE DIVISION OF DEVELOPMENTAL DISABILITIES WILL DESIGN AND MAINTAIN AN EFFECTIVE SYSTEM OF RESIDENTIAL SUPPORTS AND SERVICES THAT PROVIDES A FULL RANGE OF SERVICE OPTIONS BASED ON ASSESSED NEEDS, EMPHASIZING CHOICE, AND EFFICIENT RESOURCE UTILIZATION.

Strategies:

- A. Support the department's proposed legislation to expand nurse delegation to in-home care settings to improve the quality of care and allow people to remain in the care setting of their choice.

Objective: The division will provide in home nurse delegation for people with a developmental disability that are medically stable and need nursing tasks accomplished in their own homes under the direction of a nurse.

Performance Measure:

Approximately 1125 in-home clients will receive nurse delegation in FY1 and 1238 clients in FY2. (DP: PL-EQ)

- B. Coordinate with providers to implement policy that un-bundles funding and identifies funding that can follow the person, in order to provide choice of residential supports and efficient use of resources.

Objective: The division will implement a process for changing residential service providers when requested by an individual.

- C. By implementing the proposed Arc settlement, residential capacity will be increased to serve individuals who present a potential risk to themselves or other persons in the community in support of the governor's Washington State priority for public safety and health.

Objective: The division will provide residential supports for 34 individuals released by the Department of Corrections (DOC), 30 individuals with community protection needs, 43 individuals discharged from state hospitals, and 34 individuals needing mental health diversion.

Performance Measures:

The division will have a policy for supporting choice of residential supports by November 2002.

Residential supports and services will be provided to 141 individuals under the Arc lawsuit settlement. (DP: PL-DB)

- D. Establish standardized rates for residential services.

Objective: The division will implement a standardized rate structure for VPP based on rates that are applied consistently with each foster care provider.

Objective: The division will study internal (to Washington) and external rate setting methodologies and develop a proposed model for current residential services that clearly describes the component parts of the rate and relates to the needs of the clients and providers.

Performance Measures:

The division will report on the findings of an internal workgroup that will submit recommendations to the division on a rate structure for current residential settings.

Implementation of the VPP rates will be accomplished by July 2003.

- E. Establish alternative cost effective residential options for persons with developmental disabilities that build on information gained through the nationwide residential rate study.

Objective: The division will develop a companion home model of residential supports with required quality assurance mechanisms.

Performance Measure:

The division will have a quality assurance tool ready for use for companion homes by December 2002.

GOAL 6: THE DIVISION OF DEVELOPMENTAL DISABILITIES WILL DEVELOP AND IMPROVE PARTNERSHIPS WITH FAMILIES AND COMMUNITIES, MOVING TOWARD INCREASED OPPORTUNITIES FOR INDIVIDUAL SELF-DETERMINATION.

Strategies:

- A. State policy should acknowledge that families are the primary care system for people with developmental disabilities and develop a clear, transparent continuum of services that supports that responsibility.

Objective: The division will develop a needs-based continuum of supports to families who are primary caregivers to enable the child or adult to live at home.

Objective: The division will explore options for alternative supports to the family home for adults whose parents reach the age of 60.

Objective: The division will provide a safety net for children or adults whose needs are of such intensity that families cannot manage even with in-home supports.

Performance Measures:

The division will prepare legislation to enact necessary changes to support families as caregivers, provide a safety net and forecast the needs for out of home placement due to crisis or age of caregiver by September 2002.

The division will continue participation in the NASDDDS National Core Indicators (NCI), formerly Core Indicators Project (CIP), to track and monitor family satisfaction with service delivery.

- B. Develop an information/education plan to help people with developmental disabilities and their families have the information they need to self-direct their supports and services.

Objective: The division will continue to assess client and family satisfaction with DDD services and supports.

Objective: Once there is a plan to implement the SSP cash grants, the division will develop and implement an information/education plan to inform people with developmental disabilities and their families to self-direct SSP funding in ways that will meet their needs.

Performance Measures:

The division will provide people living in institutions and their families with information on the opportunity to self-direct services if they choose to leave the institutional setting.

The division will have an information/education plan for SSP cash grants by September 30, 2002.

- C. Improve customer satisfaction and increase opportunities for customer input into program direction.

Objective: The division will design and implement a customer survey card that will be used in all regions to evaluate customer satisfaction.

Objective: The division will work with the Developmental Disabilities Council (DDC) to assess the answers to NCI from the point of the consumer and family members.

Performance Measures:

Each region will use and analyze client feedback from the postcard satisfaction survey and adjust region practices accordingly by July 2004.

To support customer satisfaction with culturally relevant service delivery, the division will increase the percentage of contracted

Certified Minority and Women Owned Businesses in Professional Services (4%), Purchased Goods (14%) and Purchased Services (10%) by June 30, 2003.

- D. Maintain an effective system of community based early intervention supports and services as defined by IDEA, Part C through administration of the ITEIP.

Objective: The division will deliver early intervention services through Individualized Family Service Plans (ISFP) as required by IDEA, Part C.

Performance Measures:

Areas for improvement are identified from the customer survey card and baseline established by June 30, 2003.

Increase customer satisfaction by five percent by June 30, 2004.

The DDC will begin a three-year project to provide recommendations on the NCI survey to DDD by September 2002.

IFSP and service data will be documented through the ITEIP Data Management System to meet all federal data and report requirements by February of each year.

GOAL 7: THE DIVISION OF DEVELOPMENTAL DISABILITIES WILL DESIGN AND MAINTAIN AN EFFECTIVE SYSTEM OF EMPLOYMENT AND DAY PROGRAM SUPPORTS AND SERVICES THAT SUPPORT AND FOSTER ACCESS TO FULL-TIME EMPLOYMENT IN INCLUSIVE SETTINGS FOR ALL WORKING AGE ADULTS OR PROVIDE OTHER MEANINGFUL OPPORTUNITIES TO BE CONTRIBUTING PARTICIPANTS IN THE VITAL ACTIVITIES OF COMMUNITY LIFE.

Strategies:

- A. Increase opportunities for individuals with significant disabilities to obtain supported employment in state government.

Objective: Develop and establish a committee to review and make recommendations for a transition to post-school employment.

Performance Measures:

DDD will work with OSPI and DVR to strengthen job-readiness for students with disabilities who are leaving school by December 2003.

The division will meet its supported employment targets for employment of individuals in state government by December 2004.

- B. Explore the use of PASS/IRWE funding to bolster employment programs delivered in partnership between the division and counties.

Objective: Train case/resource managers in the use of PASS/IRWE accounts by students with disabilities in order to help provide for needed employment supports.

Performance Measure:

The division will provide training in all regions by July 2002 on the use of PASS/IRWE accounts for students and adults needing employment resources.

GOAL 8: DEVELOP AND IMPLEMENT A PROCESS OF IMPROVING THE DIVISION'S CREDIBILITY RELATING TO BUDGET AND FINANCIAL MATTERS WITH THE DSHS BUDGET OFFICE, THE OFFICE OF FINANCIAL MANAGEMENT, AND LEGISLATIVE FISCAL COMMITTEES.

Strategies:

- A. Develop a set of "budget drivers" relating to client and staff costs that are reviewed and approved by DSHS budget office, OFM, and legislative staff.

Objective: The division will establish a methodology for formulating accurate daily expenditures for client services.

Objective: The division will complete the update of the case/resource management Workload Standards Study to establish credible client to staff ratios.

Performance Measures:

The division will have a set of budget drivers approved to use for budget development by June 30, 2003.

The division will have an acceptable method for determining client to case manager ratio by June 30, 2003.

- B. Develop client-forecasting models for residential, family support, and day and employment programs that are reviewed and approved by DSHS budget office, OFM, and legislative staff.

Objective: The division will submit forecasting information on the needs for residential, family support, and day/employment programs in order to provide an accurate picture of needed resources.

Performance Measure:

The division will work with DSHS to forecast the division caseload in the above four areas by November 2002.

- C. Collect child support payments from parents of children with developmentally disabilities who are placed in foster care, whether the placement is the result of a dependency action or a voluntary placement agreement.

Objective: The division will work in cooperation with Division of Child Support (DCS) to collect child support on behalf of children with a developmentally disability placed in foster care.

Performance Measure:

Collect the amount of support specified in the budget annually.
(DP: PL-FS)